

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if -----

██

Nurse Robert
Bullock Co. Corr. Facility
P.O. Box 5107
Union Springs, AL 36057

A. Signature

 X

KJ

 Agent Addressee

B. Received by (Printed Name)

Bruce Wm. H. Jr. 8/21/07

C. Date of Delivery

Every address different from item 1? Yes
enter delivery address below: No

*07CV399
and to cmp*

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

Prox 8/20

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0026 6183

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540